

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	2					
5	2					
6	2					
7	1					
8	1					
9	1					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	1					
28	1	1				
29	1					
30	3					
31	3					
32	3					
33	3					
34	3					
35	3					
36	3					
37	3					
38	3					
39	3					
40	3					
41	3					
42	3					
43	3					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	3					

	*		*		*	
	IND	DEP	IND	DEP	IND	DEP
51	3					
52	3					
53	3					
54	3					
55	3					
56	3					
57	1					
58	1					
59	1					
60	1					
61	1					
62	1					
63	2					
64	2					
65	2					
66	2	1				
67	2					
68	2					
69	2					
70	2					
71	2					
72	2					
73	2					
74	2					
75	2					
76	2					
77	2					
78	2					
79	2					
80	2					
81	2					
82	2					
83	2					
84	2					
85	1					
86	1					
87	1					
88	1					
89	4					
90	4					
91	4					
92	4					
93	4					
94	4					
95	4					
96	4					
97	4					
98	4					
99	4					
100	4					

TOTAL IND.	IND	DEP	IND	DEP	IND	DEP
TOTAL DEP.						
TOTAL CLAIMS						

60
54 3 51
46 12 42
2 1 4 13
1 4 1 13